



APPLICATIONS MUST BE SUBMITTED TO:  
BILLINGS AREA INDIAN HEALTH SERVICE  
DIVISION OF HUMAN RESOURCES  
P.O. Box 36600 - 2900 FOURTH AVENUE, NORTH  
BILLINGS, MONTANA 59107

FAX NUMBER (406) 247-7251  
WWW.IHS.GOV



This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, Delegated Examining, and for Commissioned Corps.  
Please see the "How to Apply" Page for information on how to apply under these authorities.

<b>POSITION:</b> Clinical Dental Hygienist, GS-682-4/5/6/7/8 Community Health Dental Hygienist, GS-682-4/5/7/9		<b>Announcement Number:</b> BA-DEU-05-15	
<b>LOCATION:</b> *As vacancies occur throughout the Billings Area Indian Health Service: MONTANA: Browning, Crow Agency, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, and Wolf Point WYOMING: Ft. Washakie and Arapahoe			
<b>SALARY RANGE:</b> GS-4: \$24,641-\$32,031; GS-5: \$27,569-\$35,844; GS-6: \$30,731-\$39,951 GS-7: \$34,149-\$44,395; GS-8: \$37,819-\$49,161; GS-9: \$41,772-\$54,300 PER ANNUM			
<b>Open Date:</b> 02/01/05		<b>Closing Date:</b> Open Continuous	
<b>Travel:</b> <input type="checkbox"/> No Travel <input checked="" type="checkbox"/> Occasional Travel <input type="checkbox"/> Frequent Travel			
<b>Position Status May Be:</b> <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE	<b>Work Schedule May Be:</b> <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Subject to rotating shifts <input type="checkbox"/> Subject to call-back	<b>Promotion Potential:</b>	<b>Yes, if filled at a lower grade level</b>
<b>Supervisory/Managerial Positions:</b>	<b>May be filled under this announcement (May require one year probationary period)</b>	<b>Government Housing:</b>	<b>May be available depending on location of vacancy</b>
		<b>Moving Expenses:</b>	<b>Travel and transportation expenses may be paid</b>

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

**WHO MAY APPLY:** ANY U.S. CITIZEN

**THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED:** Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE: Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. EXAMPLE: If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**Commissioned Officers:** May indicate their interest in being considered by submitting a resume or curriculum vitae. It is the responsibility of the Officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether you meet the qualification requirement.

**NOTE:** If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

**NOTE:** If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

**CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS.**

**CONDITIONS OF EMPLOYMENT:**

- Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application.
- Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment.
- Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status.
- The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at time of appointment.
- If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

**DUTIES AND RESPONSIBILITIES:** Serves as a dental hygienist responsible for performing advanced prophylactic and preventive dental procedures. Completes preliminary dental examinations; reviews patient's medical and dental history; examine the teeth and surrounding tissue for evidence of plaque and periodontal disease and chart findings; inspects the mouth and throat for evidence of disease; interprets routine x-rays and refers abnormalities to the dentist. Prepares dental hygiene treatment plans and the sequence of appointments needed to complete treatment. Performs a complete oral prophylaxis on ambulatory and non-ambulatory patients. Performs deep sub gingival scaling, root planning and curettage under local anesthesia; polishes the teeth and applies stannous fluoride; gives home care instructions to patients after curettage; provides bedside prophylactic treatment using specialized procedures. In postoperative care of oral surgery and periodontal surgery patients, performs suture removal, changes dressings, applies topical anesthetics and provides home care instructions. Takes impressions for construction of mouth guards, applies fluoride using tray technique and maintains recall system for careful follow-up. Educates patients on need for daily oral health and fluoride treatment. Assists the dentist by making repairs and adjustments to the teeth by smoothing rough edges of restorations, removing overhanging margins of fillings, reducing sharp edges of fractured teeth, polishing and finishing amalgam restorations and inserting temporary fillings in teeth. Instructs patients in oral hygiene, brushing and flossing techniques and periodontal aids. Plans and adapts instructions in home care techniques. Explains to patients the causes of periodontal disease and tooth decay. Regularly instruct nurses/nursing assistants in the proper techniques of oral hygiene. Presents lectures and demonstrations in oral health care to various patient groups. Exposes, develops and processes radiographs on patients including bitewing, per apical and panoramic x-rays. Adjusts voltage, amperage and timing of x-ray equipment; selects type of radiograph that will be necessary; positions film and machine to insure coverage of area to be x-rayed; mounts and labels x-rays. Maintains patient's record of treatment. Records oral conditions of teeth and surrounding tissues, progress and therapy notes and appointments.

### **BASIC REQUIREMENTS:**

**LICENSURE:** Applicants for all grade levels and specializations must be currently licensed to practice as dental hygienists in a State or territory of the United States or the District of Columbia.

**NOTE:** Public Law 97-35 requires that persons who administer radiologic procedures meet the credentialing standards in 42 CFR Part 75. Essentially, they must (1) have successfully completed an educational program that meets or exceeds the standards described in that regulation, and is accredited by an organization recognized by the Department of Education, and (2) be certified as radiographers in their field. The following meet these requirements:

(1) Persons employed by the Federal Government as radiologic personnel prior to the effective date of the regulation (January 13, 1986) who show evidence of current or fully satisfactory performance or certification of such from a licensed practitioner such as a doctor of medicine, osteopathy, dentistry, podiatry, or chiropractic who prescribes radiologic procedures to others.

(2) Persons first employed by the Federal Government as radiologic personnel after the effective date of the regulation who (a) received training from institutions in a State or foreign jurisdiction that did not accredit training in that particular field at the time of graduation, or (b) practiced in a State or foreign jurisdiction that did not license that particular field or did not allow special eligibility to take a licensure examination for those who did not graduate from an accredited educational program, provided that such persons show evidence of training, experience, and competence as determined by the SPO's.

**MEDICAL REQUIREMENTS:** Applicants must be able to distinguish shades of color.

**EVALUATION OF EDUCATION:** The academic curriculum in dental hygiene must have been accredited by the Commission on Dental Accreditation, American Dental Association.

**EVALUATION OF EXPERIENCE:** When combining experience and education, appropriate supplemental experience for entry level Community Health Dental Hygienist must have demonstrated the ability to:

- Plan and direct group activities.
- Organize, analyze, and evaluate data, draw conclusions, and make decisions or recommendations.
- Express ideas and communicate information orally and in writing in a clear, logical, and motivating manner.
- Demonstrate and/or present new ideas, techniques, and procedures.
- Conduct meetings and present lectures.
- Deal effectively with individuals and groups.

Examples of work that may have provided this experience include work as a teacher, recreation leader, or leader in a community or professional organization.

**EVALUATION OF SPECIALIZED EXPERIENCE:** Qualifying experience for clinical dental hygienists includes experience in performing oral prophylactic care and in providing oral health educational services to patients. Additionally, at the higher grade levels, qualifying experience includes (1) performing advanced oral prophylactic, therapeutic, and preventive procedures in cases of periodontal diseases or inflammation or on patients with other medical or dental problems, (2) placing temporary fillings, and (3) finishing amalgam restorations. Applicants for positions involving the use of X-rays must have had experience in taking and interpreting X-rays.

Qualifying experience for community health dental hygienists includes experience in preparing and conducting educational lectures and demonstrations on dental hygiene, planning public health programs, providing advice and policy guidance to dental personnel on public health matters, and recommending improved methods of dental hygiene.

**The following tables show the amounts of education and/or experience required to qualify for positions covered by this standard.**

OPM Qualifications Standards:

GRADE	EDUCATION	OR	EXPERIENCE
GS-4	NONE		NONE
GS-5 Clinical Dental Hygienist	Dental hygiene curriculum, plus appropriate experience, totaling 4 years <b>or</b> 4-year course of study leading to a bachelor's degree in dental hygiene or in a directly related field of study		1 year of experience as a licensed dental hygienist
----- Community Health Dental Hygienist	4-year course of study leading to a bachelor's degree, which included or was supplemented by a curriculum in dental hygiene		NONE
GS-6 Clinical Dental Hygienist	NONE		1 year or experience equivalent to at least the GS-5 level
GS-7 Clinical Dental Hygienist	NONE		1 year of experience equivalent to at least the GS-6 level
----- Community Health Dental Hygienist	1-year of graduate education in dental hygiene or in a directly related field of study		1 year of experience equivalent to at least the GS-5 level
GS-8 Clinical Dental Hygienist	NONE		1 year of experience equivalent to at least the GS-7 level
GS-9 Community Health Dental Hygienist	2 year of progressively higher level graduate education or a Master's of equivalent degree in dental hygiene or a directly related field of study		1 year of experience equivalent to at least the GS-7 level
Equivalent combinations of education and experience are qualifying for all grade levels and positions for which both education and experience are acceptable.			

Excepted Service Qualifications Standards:

GRADE	EDUCATION	OR	EXPERIENCE
GS-4	NONE		NONE
GS-5 Clinical Dental Hygienist	4-year course of study leading to a bachelor's degree in dental hygiene or in a directly related field of study		1 year of experience as a licensed dental hygienist
----- Community Health Dental Hygienist	4-year course of study leading to a bachelor's degree, which included or was supplemented by a curriculum in dental hygiene; <b>or</b> Dental hygiene curriculum, plus appropriate experience, totaling 4 years		NONE
GS-6 Clinical Dental Hygienist	NONE		1 year or experience equivalent to at least the GS-5 level
GS-7 Clinical Dental Hygienist	NONE		1 year of experience equivalent to at least the GS-6 level
----- Community Health Dental Hygienist	1-year of graduate education in dental hygiene or in a directly related field of study		1 year of experience equivalent to at least the GS-5 level
GS-8 Clinical Dental Hygienist	NONE		1 year of experience equivalent to at least the GS-7 level
GS-9 Community Health Dental Hygienist	2 year of progressively higher level graduate education or a Master's of equivalent degree in dental hygiene or a directly related field of study		1 year of experience equivalent to at least the GS-7 level
Equivalent combinations of education and experience are qualifying for all grade levels and positions for which both education and experience are acceptable.			

**DRIVER'S LICENSE:** For certain positions, applicants may be required to have a valid state driver's license.

**LENGTH OF ELIGIBILITY:** Your application will remain active for one year from the date you are rated eligible. You will be removed from consideration due to acceptance of a permanent position or for other reasons. You will not be removed from the list of eligibles if you accept a temporary position unless you submit notice of your non-interest in other positions. Your eligibility may be extended for an additional one-year period.

**EMPLOYMENT INTERVIEWS:** Applicants may be required to demonstrate in a pre-employment interview that they possess the personal qualifications necessary for successful performance.

**UNPAID AND VOLUNTEER EXPERIENCE:** The experience requirements may be satisfied with pertinent unpaid or volunteer work.

**BASIS OF RATING:** There is no written test. Candidates will be rated on a scale of 70 to 100, based on the extent and quality of your education, experience, and training as they relate to the duties of the position and grade you are applying for. Your rating will be based on the information on your application and on any additional information obtained by this office. You will be rated for all grade levels for which you qualify and indicate you will accept. Indian preference candidates will be rated against the Preston Standards.

**RANKING FACTORS:** Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above.

**KSAP'S SUPPLEMENTAL QUESTIONNAIRE**

**Applicants are encouraged to address the following KSAP's on a separate sheet of papers attached to their application.**

**The KSAP's will be the basis for determining which applicants are best qualified.**

1. Knowledge of oral hygiene and dental disease prevention techniques.
2. Knowledge of oral anatomy and pathology.
3. Ability to provide dental prophylaxis and therapeutic dental hygiene treatment.

FOR ADDITIONAL INFORMATION CONTACT **Natanya Riggs** AT **(406) 247-7246**. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES ☐ NO ☒

THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT ☺

  
PROGRAM MANAGER

2-22-05  
DATE

  
AREA HUMAN RESOURCES OFFICER

DATE

**A COPY OF YOUR CURRENT LICENSE AND OFFICIAL TRANSCRIPTS  
MUST ACCOMPANY YOUR APPLICATION**

## HOW TO APPLY

**NOTE: It is the Applicant's responsibility to ensure they have submitted a complete application.**

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

**Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306)**

**Failure to submit a signed OF-306 will make you ineligible for consideration.**

**Application for Federal Employment (SF-171)**

**Unless a signed OF-306 is submitted, Failure to answer questions 38-47 and sign the form will make you ineligible for consideration.**

**Resume or Other written application format with Declaration for Federal Employment (OF-306)**

**Failure to submit a signed OF-306 will make you ineligible for consideration.**

An OF-306 may be obtained at: [http://www.opm.gov/forms/pdf\\_fill/of306.pdf](http://www.opm.gov/forms/pdf_fill/of306.pdf)

All applicants must ensure the application you submit contains the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.

Your resume or other application format **MUST** contain the following information:

- ❖ **QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990** must be submitted by **ALL** applicants. A **YES** to any of the questions may remove you from competition.
- ❖ **JOB INFORMATION**
  - Announcement number and lowest grade you wish to be considered for.
  - To receive consideration under the Merit Promotion Plan and the Excepted Service Examining Plan you must submit a written request with your application.
- ❖ **PERSONAL INFORMATION**
  - Full name, mailing address (with zip codes), day and evening telephone numbers.
  - Social Security Number
  - Country of citizenship
  - ***Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location.***
- ❖ **EDUCATION**
  - **Official Transcripts must be submitted**
- ❖ **WORK EXPERIENCE** - Give the following for your paid and non-paid work experience related to the job for which you are applying:
  - Job title
  - Duties
  - Employer/Supervisor's name, address and/or telephone number
  - Starting and ending dates of employment must include - month and year
  - ***Average hours worked per week***
  - Indicate if we may contact your current supervisor
- ❖ **OTHER QUALIFICATIONS**
  - Job related training courses (title and year)
  - Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed
  - Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice)
  - Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

Submit the following documents along with your chosen application format if you are in **any** of the following categories:

COMMISSIONED OFFICER	INDIAN PREFERENCE Excepted Service Examining Plan	VETERAN PREFERENCE	FEDERAL EMPLOYEE Merit Promotion Plan (Current, Former, or Displaced Employees)	DELEGATED EXAMINING (Outside of the Federal Government)
Current Billet description (if available)  Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).	Verification of Indian Preference for Employment – <b>must submit (BIA Form 4432)</b>  Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.  <b>Current or former federal employee must submit most recent FINAL performance appraisal rating.</b>	DD-214 Form (Honorable Discharge)  Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)  <b>Must be submitted to receive preference.</b>	<b><i>Current Federal Employees or Reinstatement Eligible Individuals</i></b> must submit Notification of Personnel Action SF50-B, which shows #24 <b>Tenure</b> and #34 <b>Position Occupied</b> .  <i>Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.</i>  If No Performance Appraisal is available, applicants must provide written justification for its absence.	<b><i>Current Federal Employees or Reinstatement Eligible Individuals</i></b> must write on their application that they wish to be considered under Delegated Examining.  If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.

# REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

**Clinical Dental Hygienist**  
**Community Health Dental Hygienist**

**BA-DEU-05-15**

JOB TITLE IN ANNOUNCEMENT

ANNOUNCEMENT NUMBER

CITIZENSHIP:

Are you a U.S. Citizen? YES ☐ NO ☐ If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

**PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.**

Have you ever been arrested for or charged with a crime involving a child? [If "YES" **YES NO**  
provide the information requested below]

☐ ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? [If "YES" **YES NO**  
provide the information requested below]

☐ ☐

Date (mo/yr)	Charge	Felony/ Misdemeanor	Disposition	City/State of charge/crime	Police Dept/ Court

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years Imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

SIGNATURE AND CURRENT DATE REQUIRED

**Work and Location Availability Form**  
**Billings Area Indian Health Service**  
**Billings, Montana**

Name

Date

**Work Locations**

Please indicate your preference for areas of consideration

- |  |   |
|--|---|
| <p><input type="checkbox"/> PHS Indian Hospital<br/>Blackfeet Reservation<br/>Browning, Montana</p> <p><input type="checkbox"/> PHS Indian Hospital<br/>Crow Reservation<br/>Crow Agency, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Crow Reservation<br/>Pryor, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Fort Belknap Reservation<br/>Harlem, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Fort Peck Reservation<br/>Poplar, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Wind River Reservation<br/>Fort Washakie, Wyoming</p> <p><input type="checkbox"/> No Preference</p> | <p><input type="checkbox"/> PHS Indian Health Center<br/>Blackfeet Reservation<br/>Heart Butte, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Crow Reservation<br/>Lodge Grass, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Northern Cheyenne Reservation<br/>Lame Deer, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Fort Belknap Reservation<br/>Hays, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Fort Peck Reservation<br/>Wolf Point, Montana</p> <p><input type="checkbox"/> PHS Indian Health Center<br/>Wind River Reservation<br/>Arapahoe, Wyoming</p> |
|--|---|

**Call Back Duty and Rotating Shift Work**

Please indicate those you will accept

- |  |  |
|--|--|
| <p><input type="checkbox"/> I will accept call back duty</p> <p><input type="checkbox"/> I will accept rotating shifts</p> | <p><input type="checkbox"/> I will not accept call back duty</p> <p><input type="checkbox"/> I will not accept rotating shifts</p> |
|--|--|

**Type of Appointment**

Please indicate those you will accept

- |   |                                      |   |
|---|--------------------------------------|---|
| <p><input type="checkbox"/> Permanent</p> | <p><input type="checkbox"/> Term</p> | <p><input type="checkbox"/> Temporary</p> |
|---|--------------------------------------|---|

**Work Schedule**

Please indicate those you will accept

- |   |   |  |
|---|---|--|
| <p><input type="checkbox"/> Full-time</p> | <p><input type="checkbox"/> Part-time</p> | <p><input type="checkbox"/> Intermittent</p> |
|---|---|--|